

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/009347** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	3					
5		1				
6	1					
7	1					
8	1					
9	3					
10	4					
11	5					
12	6					
13	7					
14	8					
15	9					
16	9					
17	9					
18	9					
19	9					
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
51			51			
52			52			
53			53			
54			54			
55			55			
56			56			
57			57			
58			58			
59			59			
60			60			
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89			89			
90			90			
91			91			
92			92			
93			93			
94			94			
95			95			
96			96			
97			97			
98			98			
99			99			
100			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						